Patient 1st Medical Exemption Request

The Patient 1st Program is based on the premise that patient care is best served by a medical home where a Primary Medical Provider (PMP) may coordinate care. The purpose of this form is for the provider to list the reasons why a patient would not benefit from this system of care.

	Recipient Name	Recipient Medicaid Nur	mber I	Date of Birth
blo	tention Physician: This section ocks that apply regarding the patileast one block should be checked	ent's medical condition, and ma	ail to the address b	elow. (Note:
	Terminal Illness (Note: The enrollee has a six month or less life expectancy and/or is currently hospice patient.)			
	Impaired Mental Condition which makes it impossible for the adult enrollee to understand and participate in Patient 1 st . (Note: This statement is not a determination of the patient's legal menta competence.			
	Currently undergoing Chemotherapy or Radiation treatments. (Note: Exemption for this is temporary and will end with the completion of the therapy).			
	Diagnosis/Other information : (Specify reasons why this recipient would not benefit from having medical home with a local PMP who would coordinate his/her care.)			
Print Physician's Name		NPI Number	Telephone Number	
Return Mailing Address		City	State	Zip
Physician's Signature			Date	

If you have questions about this form, contact Patient 1st at (334)242-5148. If you would like to apply to become a Patient 1st provider, call 1-800-688-7989. Send this completed and signed form via Fax to (334)353-3856 or mail to:

Alabama Medicaid Agency Patient 1st Program 501 Dexter Avenue Montgomery, AL 36103